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Karia Dental - Welling

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 04 June 2015 as part of our regulatory functions. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We undertook this focused inspection on 08 September 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Karia Dental - Welling on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

The focused inspection concentrated on the key question of whether or not the practice was well led. We found that this practice was now providing well-led care in accordance with the relevant regulations.

The practice had improved its clinical governance and risk management protocols. These were being shared and discussed with staff at monthly meetings. The practice manager could demonstrate that this led to changes and improvements to the safe running of the practice as well as to the quality of care that patients received. For example, all of the dentists had met to discuss the outcome of a dental care records audit. This had led to a discussion about how they could improve the recording of consent and patients' medical history.

We found that the practice manager and the owner were working closely together to develop and improve the provision of the service. The plans under consideration included redevelopment of the premises, the use of an external Legionella risk assessment contractor, and ideas for instigating staff performance reviews through the use of peer feedback.

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Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, focused inspection on 08 September 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 04 June 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not

previously meeting some legal requirements. At the previous, comprehensive inspection on 04 June 2015 we found that the practice was not well-led because the governance and audit systems were not being used effectively

The focused inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as staff meeting minutes, risk assessments and audits. We also carried out a tour of the premises and spoke with members of staff.

Are services well-led?

Our findings

Governance arrangements

We spoke with the practice manager about the governance arrangements and implementation of audit findings. We found that they had instigated a number of changes to their governance systems since the previous inspection.

Risk assessments were being acted on in order to minimise the risks to patient safety. For example, the Legionella risk assessment carried out in 2010 had been reviewed by an external contractor in July 2015. This had led to the closure of one tank servicing the staff toilet. A date had been set for this contractor to meet with the practice owner to discuss the carrying out of a new Legionella risk assessment and the provision of an ongoing service to monitor Legionella risk.

The practice manager had reviewed fire safety at the practice following their own attendance at a training course. This had led to changes in the system of fire marshals and initiated a discussion as to the most appropriate assembly point outside the surgery. Wider security issues had also been addressed including the safe storage of emergency medicines and the use and tracking of prescriptions.

We found that staff meetings were now being held monthly. We saw minutes from three staff meetings which had taken place in June, July and August 2015. We noted that a range of issues related to the quality of the service, such as the findings from audits, patient complaints, or the outcome of risk assessments were discussed at these meetings.

In one example we saw that a re-analysis of an infection control audit had been carried out and discussed at a staff meeting to note changes in practice which staff were required to follow. These included the closure of a small decontamination room in favour of the use of a larger room, changes to monitoring systems for the autoclave (steriliser), and the use of personal protective equipment. We discussed these issues with one of the dental nurses who was aware of the changes in protocols demonstrating that the implementation of the audit findings had been successful. In areas where the practice manager had found some infection control risk, such as small rips and tears in a dentist's chair, disposable covers were now observed to be in use.

Leadership, openness and transparency

The practice manager was being well-supported and mentored by the owner and a practice manager from one of the owner's other practices. They held regular meetings to discuss the running of the practice and goals for the future. The practice manager could show that these arrangements were leading towards a coherent and well-managed quality improvement plan for the practice.

Progress had been made with plans to redevelop the practice premises. The principal dentist (who was also the owner) and the practice manager had made arrangements to meet with potential suppliers and contractors in September and October 2015. The aim was to start the redevelopment of one surgery, the waiting area and the front of the premises in December 2015.

A system of staff appraisals had also been implemented with four appraisals having been carried out between June and September 2015. The practice manager commented that this provided staff with an opportunity to discuss career goals as well as to provide their opinions on the quality and smooth running of the service.

Learning and improvement

The practice manager and owner had organised a meeting with the dentists in August 2015 to discuss clinical and other issues affecting the practice. We found that the outcomes of a record-keeping audit and review of patient satisfaction questionnaires had been discussed in an open and transparent manner at this meeting. Dentists were invited to share the feedback received via these sources with each other with a view to improving their own and others performance. For example, a discussion around the importance of recording an accurate medical history, as well as noting that verbal consent had been obtained, in each patient's dental care record had taken place.

The practice manager also described preliminary ideas to instigate a system of staff peer review as a method for improving staff performance and sharing best practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had continued to gather feedback from patients through the use of a patient satisfaction survey, a comments book, suggestions box, and information

Are services well-led?

collected via the 'Friends and Family Test'. We noted that this information was now being shared at the monthly staff meetings so that all members of staff were aware of both complaints and positive feedback received from patients.